

# Foster Family Home - Corrective Action Report

Provider ID: 1-100035

Home Name: Mitci C. Aguinaldo, NA

1140 Puolu Drive

Honolulu

HI

96818

Review ID: 1-100035-11

Reviewer: David Ayling

Begin Date: 1/20/2021

## Foster Family Home

## Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 2/20/21.

## Foster Family Home

## Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN done on 7/15/2020 for CG #3. Expired on 2/17/2020.

## Foster Family Home

## Personnel and Staffing

[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CPR and First Aid expired on 8/10/2020 for CG #1.

## Foster Family Home

## Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) - Service Plan for client #1 needs to be updated. Current Service Plan in chart is dated 8/8/2019. No Service Plan for client #2 in chart (only page 1).

54.(c)(5) - PRN Medications have not been recorded on the MAR since 1/13/2021 for client #1.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: David Ayling, RN

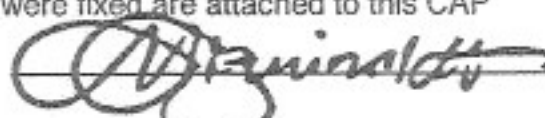
Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Mitci C. Aguinaldo  
(PLEASE PRINT)

CCFFH Address: 1140 Puolo Drive, Honolulu, Hawaii 96818  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a) (2)	I showed CTA a current APS/ CAN for CG #3 on the day of my recertification.	02/01/ 2021	I put the expiration dates for APS/CAN and CPR/First Aid for all CG's on my calendar, 1 month before expiration.
41.(b) (8)	(CG #1) I took a CPR/First Aid class and put the certificate in CCFFH binder.	01/25/ 2021	
54.(c) (2)	I received updated service plans for client #1 and client #2 from CMA.	01/27/ 2021	I will check every month when the CM RN is visiting to make sure the service plans are up to date.
54.(c) (5)	I have corrected mistakes on client #1 MAR.	01/20/ 2021	I will record the medications I give to clients everyday on the MAR.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 02/01/21

☒ CTA has reviewed all corrected items